

Robert Andrews

Died at Gaithersburg Montg MARYLAND

Date 1905 1 14 14 64 1 29 Md Lawyer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 4

Husband of Margaret Andrews

Father's Name Robt. Andrews Mother's Maiden Name Susan Groff

Cause of Death { Primary Acute Indigestion How long sick 8 hours

Immediate Heart Failure 104 Accident, Suicide, Homicide

Reported by H. B. Hadlock Md.

Address Gaithersburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Bacon

Town

County

MARYLAND

Died at

Brighton

Montg.

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan.

10

Age

65 about

Brighton

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Mary Bacon

Wife

Father's

Name

Jere Bacon

Mother's

Name

Eliza Bacon

Cause of

Primary

Cerebral Apoplexy

How long sick

1 week

Death

Immediate

Accident, Suicide, Homicide

Reported by

Aug Stabler
Brighton

W



Name in Full

Certificate of Death

Lorena Baker

Town

County

Died at

Sunshine

Montg.

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Jan.	11	1	11	3	Sunshine	
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband
of

Father's

Name

William A. Baker

Mother's

Name

Mary Baker

Cause of

Primary

Broncho-Pneumonia, acute

How long sick

1 week

Death

Immediate

"

"

"

Accident, Suicide, Homicide

Reported by

Aug Stabler

Address

Brighton.

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name
in
Full

CERTIFICATE OF DEATH

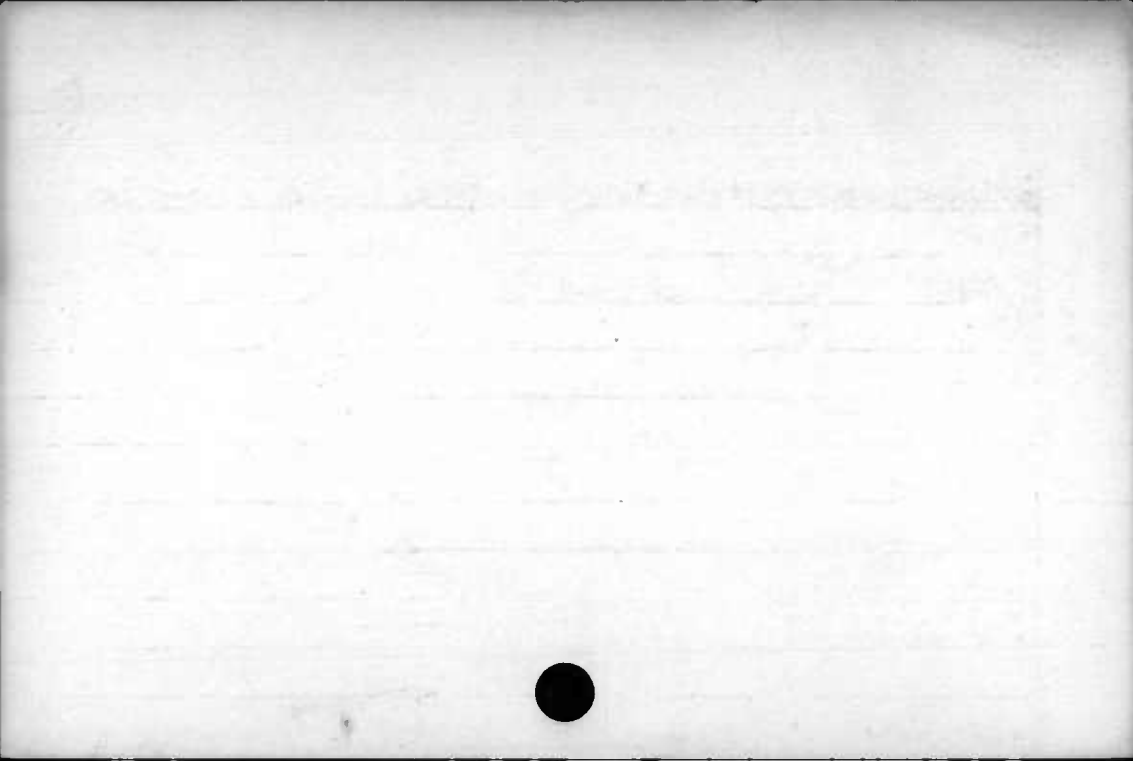
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Polomac</i> Town			<i>Montgomery</i> County			MARYLAND		
Date of death 190 <i>3</i>		Month <i>Jan</i>	Day <i>15</i>	Age <i>75</i>	Years <i>75</i>	Months <i>X</i>	Days <i>X</i>	
Sex <i>Female.</i>			Color or Race <i>White</i>		Birth-place <i>Prince George Co. Md</i>			
Married, Single or Widowed <i>Widowed</i>			Occupation <i>X</i>					
Name of Wife or Husband <i>X</i>								
Father's Name <i>X</i>					Father's Birthplace <i>X</i>			
Mother's Maiden Name <i>X</i>					Mother's Birthplace <i>X</i>			
Name of person giving information <i>J. W. Carroll</i>					How related to deceased <i>Brother.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>1/2 hour.</i>
Immediate <i>104</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Pratt M.D.</i>
<i>Yes.</i>	Address <i>Polomac Md.</i>
Accident or Suicide?	



Name in Full *Dora Blander*
 Died at *Whitman* Town *Montgomery* County MARYLAND
 Date *1909 Jan 3* Month *Jan* Day *3* Y. *30* M. *—* D. *—* Native of *MD* Occupation *Housewife*
 Sex *Female* Race *White* Married *—* Widowed *—* Divorced *—* Number of children *—*

Husband of *Tom Blander*
 Wife of *Tom Blander*
 Father's Name *Chas Webster* Mother's Name *Jane Webster*

Cause of Death { Primary *Pulmonary Tuberculosis* How long sick *1 yr*
 Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by

Eugene Jones M.D.
Kennings

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mildred Rebecca Burdette

CERTIFICATE OF DEATH

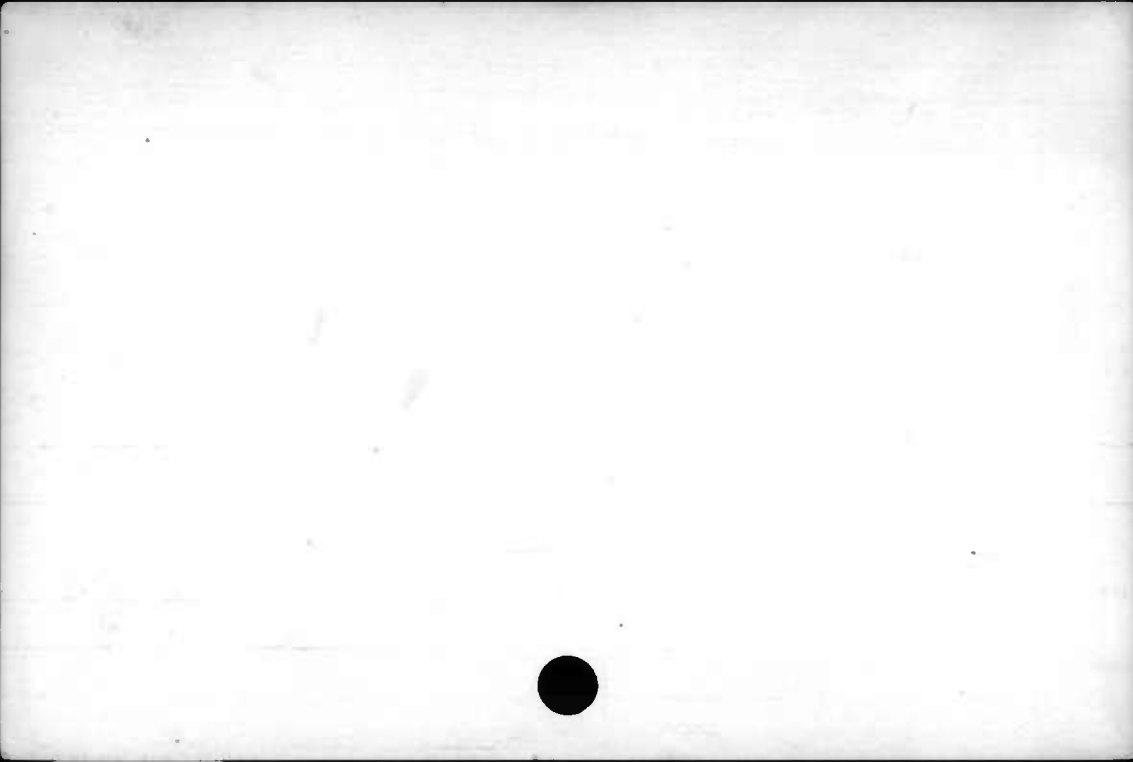
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Damascus</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Jan'y.</u>	Day <u>23</u>	Age <u>6</u>	Months <u>—</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Damascus Md</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Rufus J. Burdette</u>			Father's Birthplace <u>Mont. Co</u>		
Mother's Maiden Name <u>Carrie Keigler</u>			Mother's Birthplace <u>Howard Co.</u>		
Name of person giving information <u>Delmar Young</u>			How related to deceased <u>Friend</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary <u>Broncho-Pneumonia</u>	How long <u>48 hours</u>
Immediate <u>Asphyxia</u>	How long <u>Five hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>B. F. Lunsdale</u>
	Address <u>Damascus Md.</u>
Accident or Suicide? <u>—</u>	



Clara Byrde

Town

County

Died at

Hansonville Montg.

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

1 13

Age 35

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
WifeFather's
Name

Mother's

Maiden Name

John Byrde

Sallie

Deems

Cause of

Primary

Appendicitis

How long sick

Death

Immediate

Peritonitis - Asthenia

Accident, Suicide, Homicide

Reported by

U. D. Houser M.D.

Address

Hansonville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ruth Abigail Cornwell

Town

County

MARYLAND

Died at

Kensington

Montgomery

1903

Month

Day

Y

M.

D.

Native of

Occupation

Date 1903

Jan 12

Age

7.7.24

D.C.

L

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Alton W. Cornwell

Mother's

Name

Alice Reed

Cause of

Primary

Pneumonia

How long sick

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

W. L. Lewis M.D.

Address

Kensington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85965



Clinton Crampton

Town

County

Died at

Dawsonville

Twigg

MARYLAND

Date 19

03

Month

Day

1st 4

Age

24

Y.

M.

D.

Native of

Md

Occupation

Day laborer

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Lewis Crampton

Mother's

Maiden Name

Sallie Davis

Cause of

Primary

Pulmonary tuberculosis 4 mo.

How long sick

Death

Immediate

Asphyxia

Accident, Suicide, Homicide

Reported by

U. D. Fowler M.D.

Address

Dawsonville

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

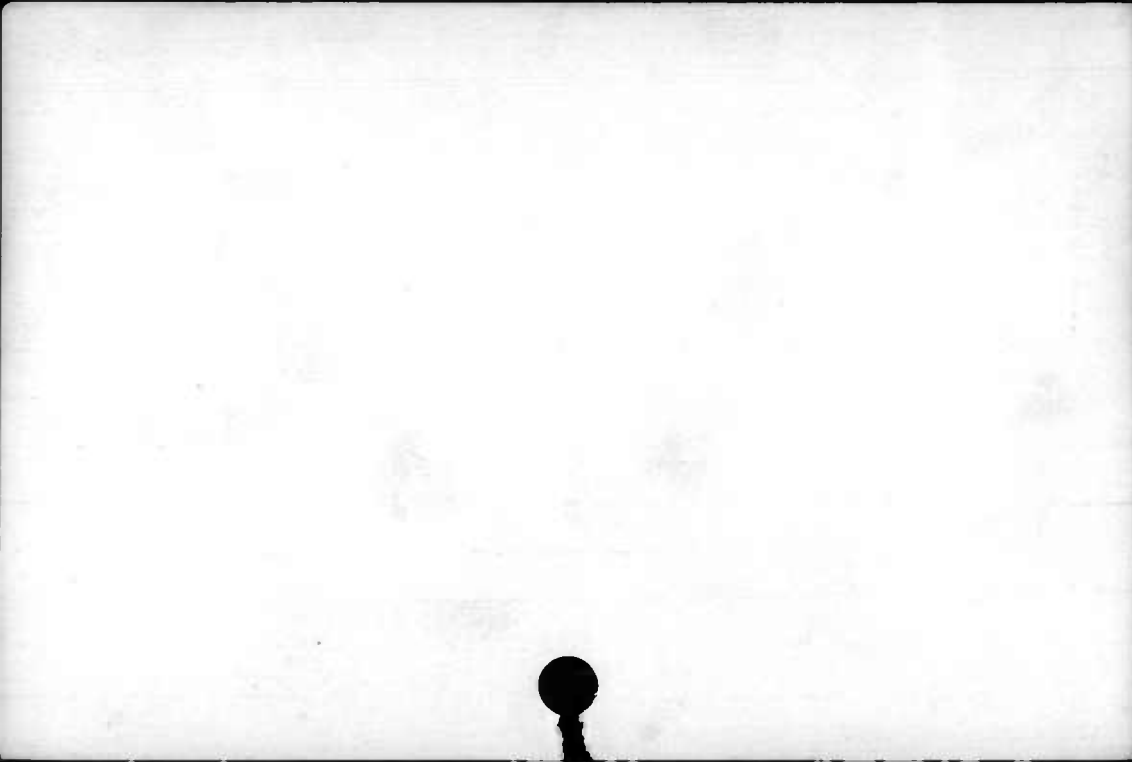
TO BE ANSWERED BY
NEAREST FRIEND

Died at			County			MARYLAND		
Town			County			MARYLAND		
Died at			County			MARYLAND		
Date of death 190			Age			Months		
3			26			1		
Month			Day			Days		
1			12			12		
Sex			Color or Race			Birth-place		
Male			White			Damasceus		
Married, Single or Widowed			Occupation					
Single			Farmer					
Name of Wife or Husband								
Father's Name			Father's Birthplace					
John E. Duwall			Damasceus					
Mother's Maiden Name			Mother's Birthplace					
Jerusha A. Penn			do, do					
Name of person giving information			How related to deceased					
Olie B. Duwall			Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	3 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Bey, H. Landale
		Address	
Accident or Suicide?			



Name
in
Full

Not named (Female) *Frear*

CERTIFICATE OF DEATH

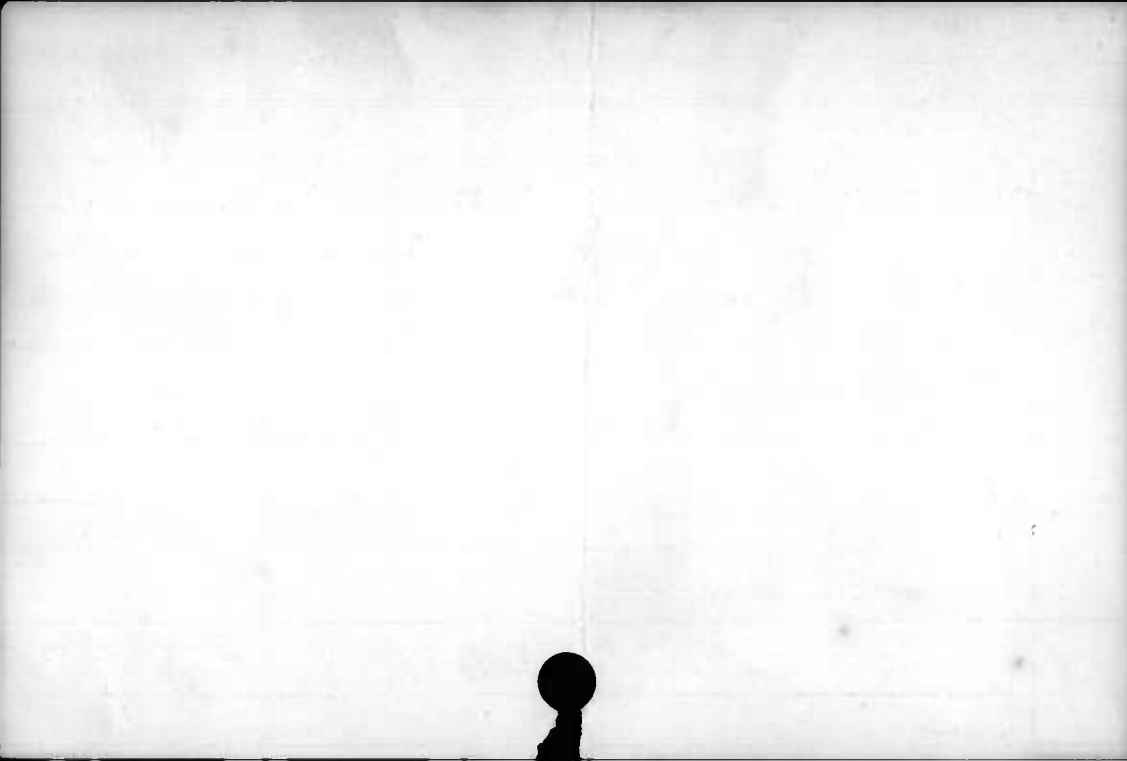
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eligo</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Jan</i> ^{Month}	<i>9</i> ^{Day}	Age <i>0</i> ^{Years}	<i>0</i> ^{Months}	<i>7</i> ^{Days}
Sex		Color or Race		Birth-place	
Married, Single or Widowed		<i>Single</i>		Occupation <i>none</i>	
Name of Wife or Husband <i>Eliza Menze</i>					
Father's Name <i>Levi G. Frear</i>			Father's Birthplace <i>Ill.</i>		
Mother's Maiden Name <i>Eliza Menze</i>			Mother's Birthplace <i>Ill.</i>		
Name of person giving information <i>Levi Frear</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long <i>7 days</i>
Immediate	<i>Marasmus</i>	How long <i>105</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. S. Brown</i>
<i>Filed 1903</i>		Address <i>Burk Mills Md</i>
Accident or Suicide?		



Harriet Gibbs

Died at ^{Town} *Martinsburg* ^{County} *Montgomery* *MARYLAND*

Date 19*03* ^{Month} *Jan* ^{Day} *4* ^{Y.} *94* ^{M.} *Ind* ^{D.} *Ind* ^{Native of} *Ind* ^{Occupation}

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*

Husband of *Lloyd Gibbs*
 Wife

Father's Name _____ Mother's _____
 Maiden Name

Cause of Death { Primary *Old age*
 Immediate

How long sick _____

Accident, Suicide, Homicide

Reported by *John Tyler*
 Address *Martinsburg*

Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Mary M. Gibbs

TO BE ANSWERED BY
NEAREST FRIEND

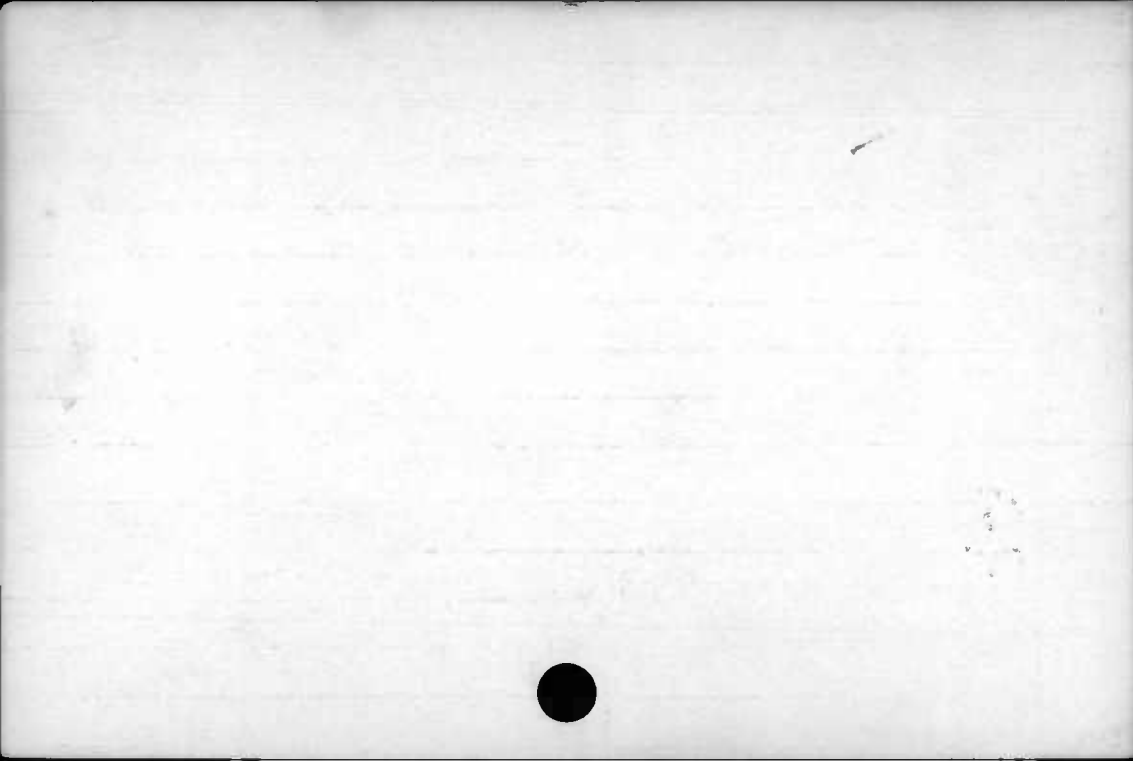
MARYLAND

Died at <u>Crofton</u> Town		<u>Montgomery</u> County			
Date of death 190 <u>3</u>	Month <u>Jan</u>	Day <u>19</u>	Age <u>17</u> Years	Months <u>X</u>	Days <u>X</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Washi Co. Md.</u>		
Married, Single or Widowed <u>Single</u>		Occupation <u>X</u>			
Name of Wife or Husband <u>X</u>					
Father's Name <u>Henry C. Gibbs</u>			Father's Birthplace <u>W. Va.</u>		
Mother's Maiden Name <u>Emma Gibbs</u>			Mother's Birthplace <u>W. Va.</u>		
Name of person giving information <u>Emma Gibbs</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary <u>Pneumonia</u>	How long <u>14 days</u>
Immediate <u>Peritonitis, Debility</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. J. Pratt M.D.</u>
	Address <u>Polomac Md.</u>
Accident or Suicide?	



David Porter Gippitt

Died at ^{Town} Middlebrook ^{County} Montgomery Co., MARYLAND

Date 1903 Jan 9 | Age 67 11 18 | Native of Md. | Occupation Merchant

Male White Married Widow Divorced
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 4

Husband of Carrie Iona Gippitt

Father's Name Greenbury Gippitt Mother's Maiden Name

Cause of Death { Primary Tumor of right lung 99
 Immediate Heart failure. 99

How long sick 18 mos.
 Accident, Suicide, Homicide

Reported by L. F. Wilson M.D.

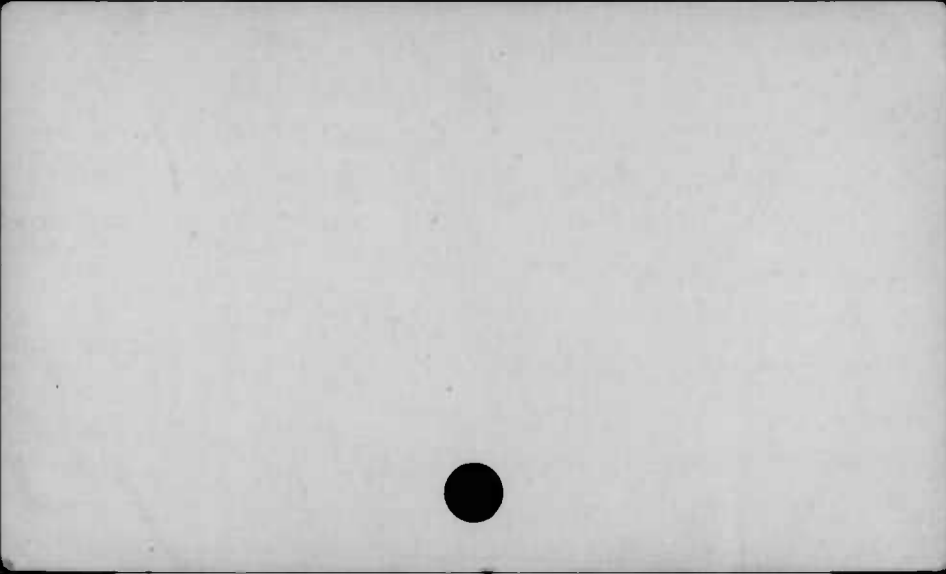
Address Germantown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full **Martha Jenkins**
 Town **Warrenton** County **Wentz**
 Died at **Warrenton** MARYLAND
 Date 19 **53** Month **1** Day **25** Age **52** Y. **Y.** M. **M.** D. **D.** Native of **Ind** Occupation **water boiler**
 Female **Female** Married **Married** Widowed **Widowed** Divorced **Divorced** Number of children living **5**
 Husband of **Samuel Jenkins**
 Wife **Samuel Jenkins**
 Father's Name **—** Mother's Name **—**
 Cause of Death { Primary **Chronic Nephritis** Immediate **Thrombosis & Embolism**
 How long sick **20**
 Accident, Suicide, Homicide
 Reported by **U. D. House M.D.**
 Address **Lawsonville Ind**

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Female (Not named Johnson)

CERTIFICATE OF DEATH

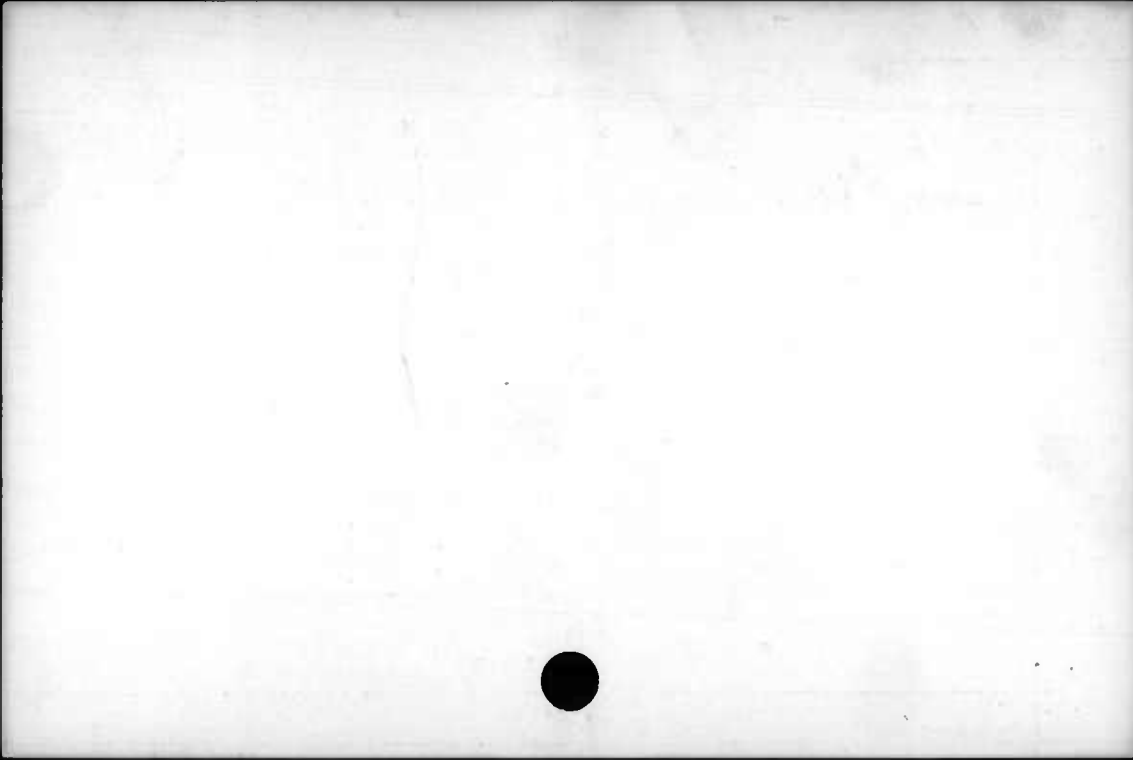
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towlance</i> ^{Cown}		<i>Montg</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>21</i>	Age <i>0</i>	Years <i>0</i>	Months <i>1</i> Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>0</i>		
Name of Wife or Husband <i>Shelton G. Johnson</i>					
Father's Name <i>Shelton G. Johnson</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Lizzie Beiler</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>H. G. Johnson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	<i>92</i>	How long <i>5 days</i>
Immediate <i>collapse</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>H. T. Brown.</i>	
	Address <i>Burnh Mills Md.</i>	
Accident or Suicide?		



Name
in
Full

Lucinda D. Mathers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

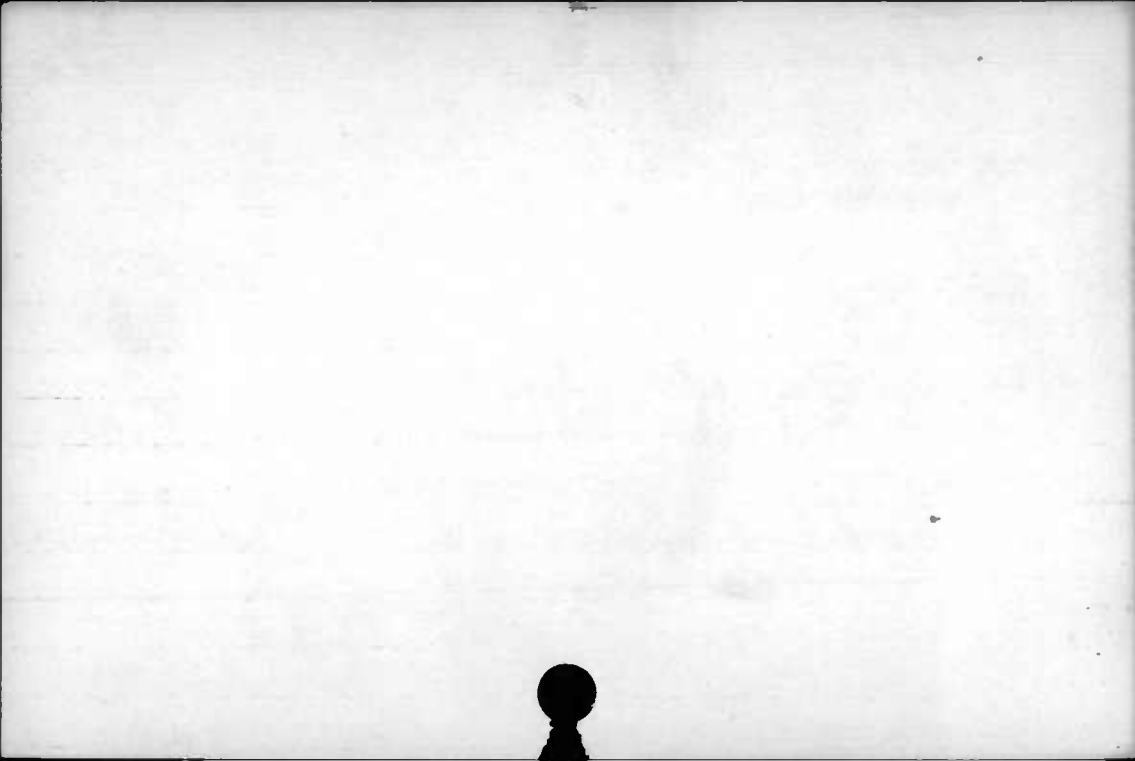
Died at <u>Travilah</u> ^{Town}		<u>Montgomery</u> ^{County}			
Date of death 190 <u>3</u>	<u>Jan</u> ^{Month}	<u>9th</u> ^{Day}	Age <u>67</u> ^{Years}	<u>0</u> ^{Months}	<u>0</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Virginia</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>X</u>	<u>X</u>			
Name of Wife or Husband <u>X</u>					
Father's Name <u>Jefferson Mathers</u>				Father's Birthplace <u>X</u>	
Mother's Maiden Name <u>Anna Smoot</u>				Mother's Birthplace <u>Virginia</u>	
Name of person giving information <u>Robt S. Suddath</u>				How related to deceased <u>Half-brother</u>	

CAUSES OF DEATH

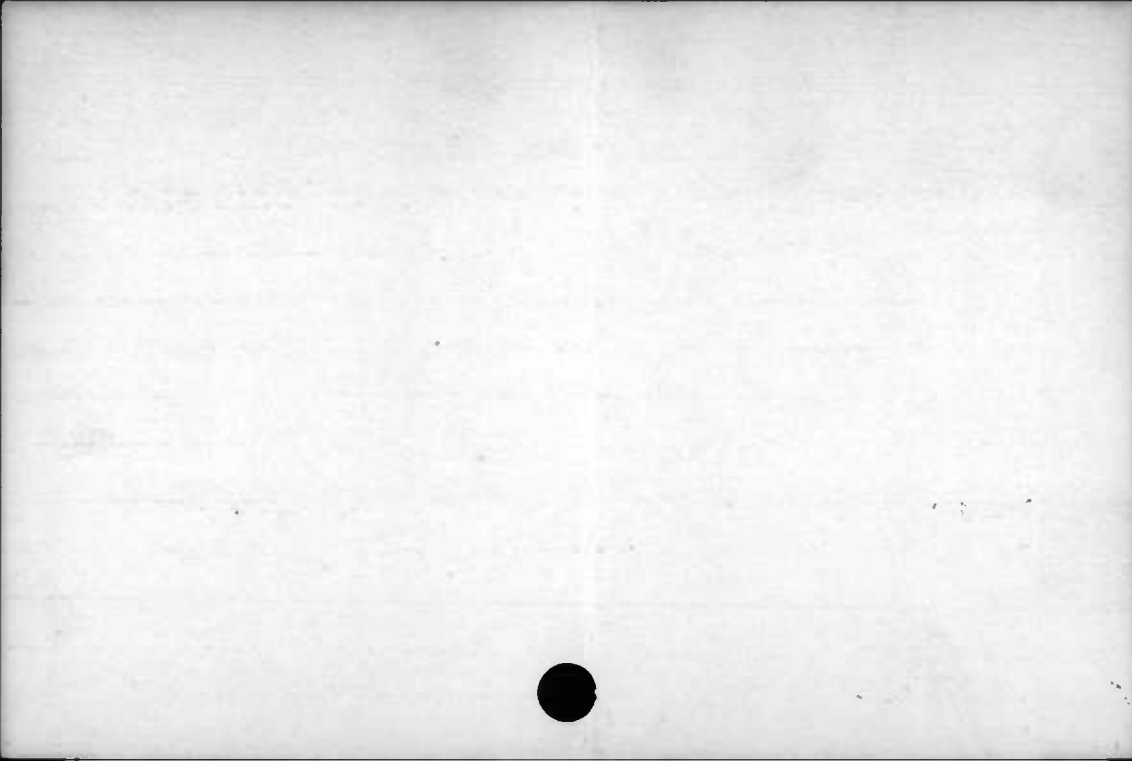
PHYSICIAN
OR CORONER

①

Primary <u>Chronic Bright's Disease</u>	How long <u>20</u> ^{Years}
Immediate <u>Dropsy and Erysipelas</u>	How long <u>Eight</u> ^{Weeks}
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. J. Roath M.D.</u>
	Address <u>Poloma Md</u>
Accident or Suicide? <u>X</u>	



Name in Full		Carleaner Mathews				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Burch Mills		Montgomery		MARYLAND	
		Date of death 1903		Month		Day	
		Jan		14		Age	
		3		14		Months	
		17		Days			
		Sex		Female		Color or Race	
Married, Single or Widowed		Single		Occupation		None	
Name of Wife or Husband							
Father's Name		Elias Mathews				Father's Birthplace	
Mother's Maiden Name		Lucindy Stuart				Mother's Birthplace	
Name of person giving information		Elias Mathews				How related to deceased	
						Md.	
						"	
						Father	
		CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary				How long	
		Typhoid Pneumonia				Six weeks	
		Prostration				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
		Yes				H. F. Brown	
						Address	
						Burch Mills	
		Accident or Suicide?					



Lee M. Proctor

Town

County

MARYLAND

Died at

Pocksville

Montgomery

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

July 10

Age 24

Md

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Harry Proctor

Mother's

Maiden Name

Adelaide Thompson

Cause of

Primary

Consumption

How long sick

About 2 yrs

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. S. Proctor

Address

Pocksville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Simms*
 Town *Martinsburg* County *Montgomery* MARYLAND
 Died at *Martinsburg*
 Date 19 *26* Month *Jan* Day *24* Age *2*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *1*
 Husband of *John Simms*
 Wife *John Simms*
 Father's Name *John Simms* Mother's Maiden Name *Ella Jenkins*
 Cause of Death { Primary *179* Immediate *179* How long sick *179* Accident, Suicide, Homicide *179*
 Reported by *John Simms*
 Address *Martinsburg Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Sims

Died at

Town
Wharton

County
Montgomery

MARYLAND

Date

1903 Jan. 7

Age

22 8-19

Native of

Occupation

Med. Servant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Sims

Mother's

Name

Mallie Sims

Cause of

Primary

Typhoid Fever

How long sick

12 days

Putrefaction

Death

Immediate

Accident, Suicide, Homicide

Reported by

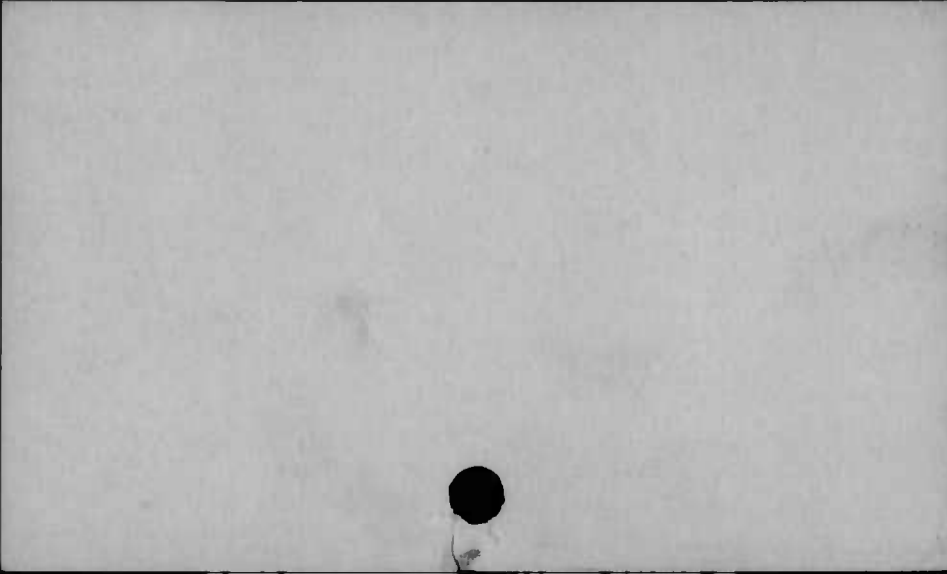
Eugene Jones M.D.

Address

Murphy Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 35968



Name
in
Full

Wm Slater.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

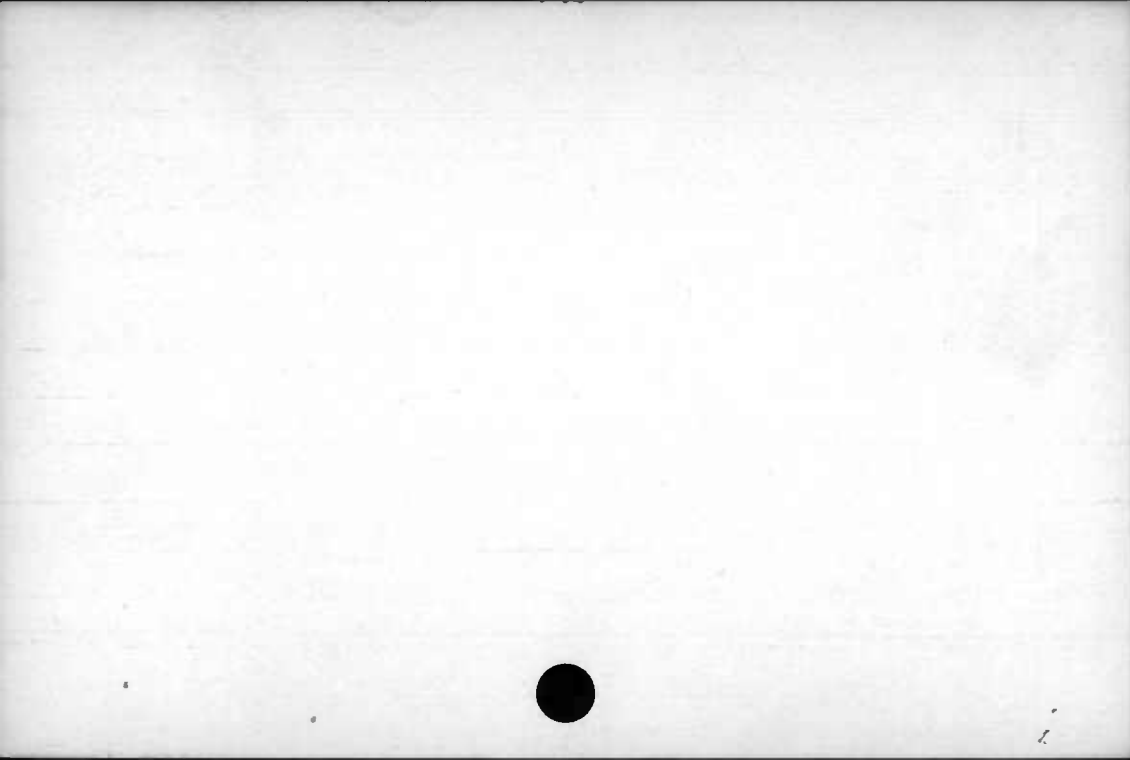
Died at <u>Potomac</u> Town			<u>Montgomery</u> County			MARYLAND		
Date of death 190 <u>3</u>		Month <u>Jan</u>	Day <u>5</u>	Age <u>43</u> Years	Months <u>X</u>	Days <u>X</u>		
Sex <u>Male</u>			Color or Race <u>White</u>		Birth-place <u>Virginia</u>			
Married, Single or Widowed <u>Widowed</u>			Occupation <u>Farmer</u>					
Name of Wife or Husband <u>X</u>								
Father's Name <u>Gas Slater</u>					Father's Birthplace <u>Va</u>			
Mother's Maiden Name <u>Mam Barr</u>					Mother's Birthplace <u>Va</u>			
Name of person giving information <u>Willard Bourne</u>					How related to deceased <u>none</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary <u>Bright's Disease</u>		How long <u>1 year</u>
Immediate <u>Uremia</u>		How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>N J Pratt M.D.</u>
		Address <u>Potomac Md.</u>
Accident or Suicide? <u>X</u>		



Name

in
Full

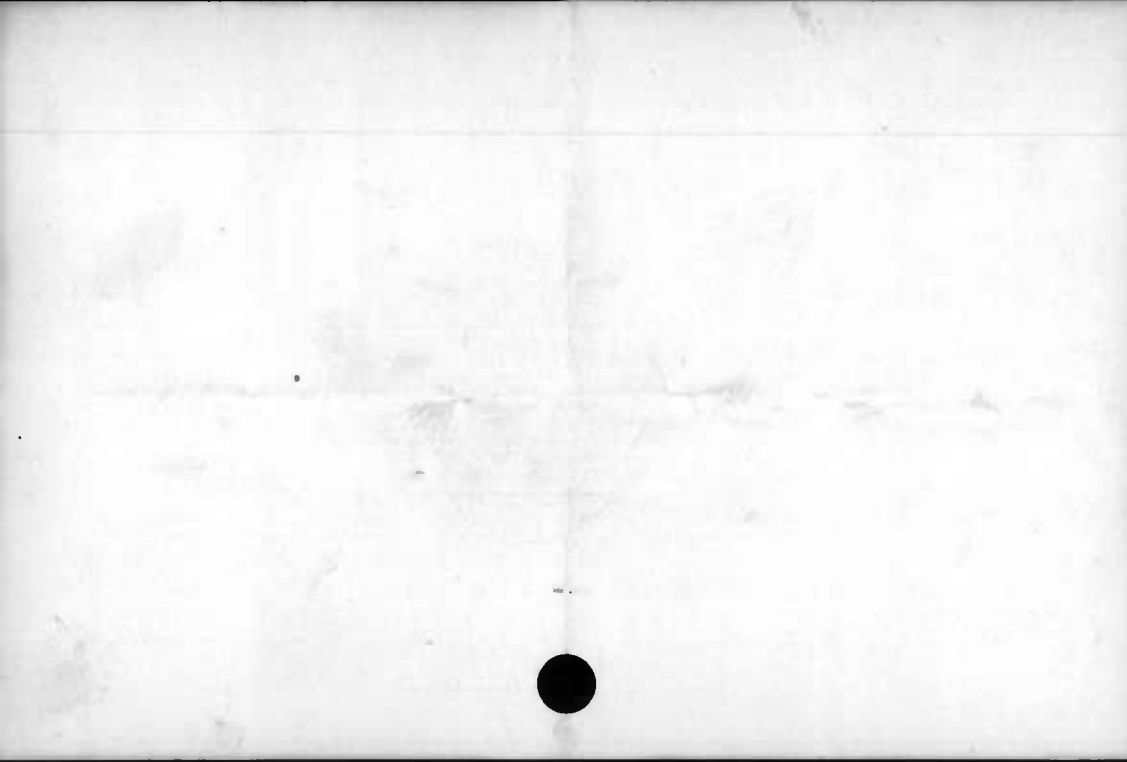
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

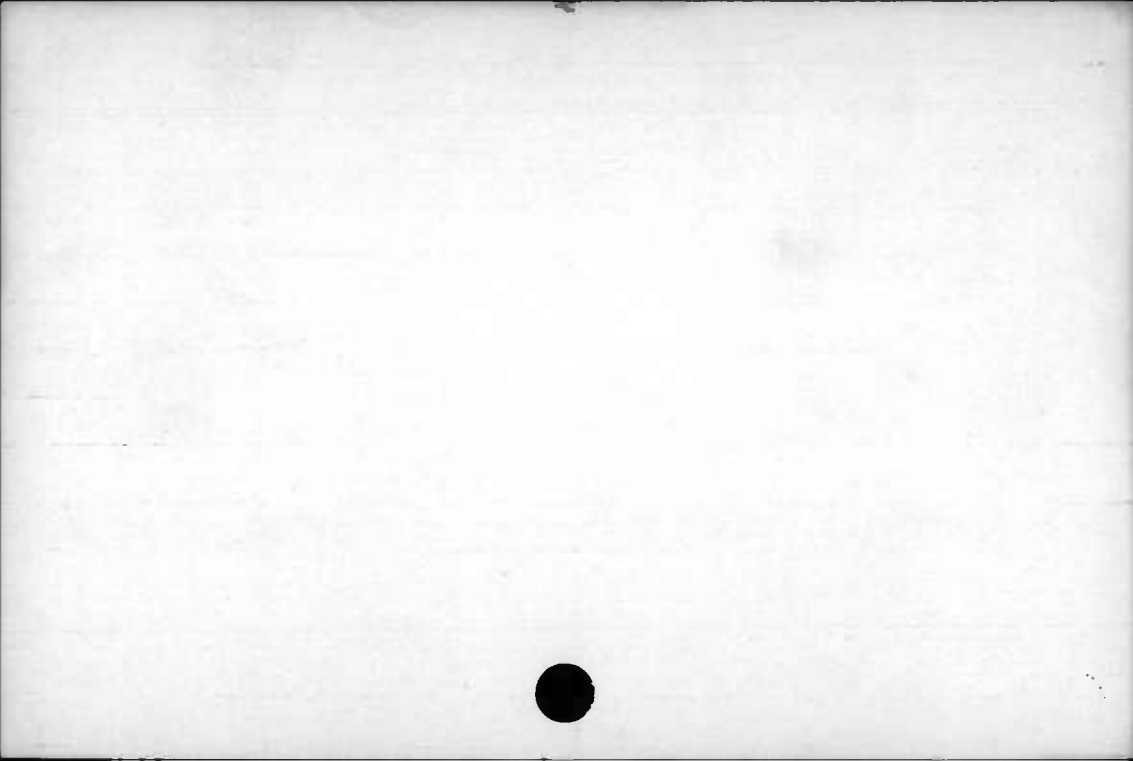
Name Martha C. Smith		Town Cherry Chase		County Montgomery		State MARYLAND	
Died at		Date of death 1903		Month Jan		Day 6	
Age 74		Years 74		Months 7		Days 7	
Sex Female		Color or Race White		Birth- place Va			
Married, Single or Widowed Widow		Occupation none					
Name of Wife or Husband C. B. Smith (deceased)		Father's Name J. C. Browner		Father's Birthplace Va			
Mother's Maiden Name Jan P. Smith		Mother's Birthplace Va		How related to deceased Son			
Name of person giving In formation							

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Val. Disease of Heart	How long 2 yrs
	Immediate	Val. Dis Heart & Nephritis	How long 9 mo
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Eugene Jones
	Address Baltimore Md		
Accident or Suicide?		No	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Robin John</i>		County <i>Montg'</i>		MARYLAND		
	Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>29</i>	Age <i>32.</i>	Months <i>X</i>	Days <i>X</i>	
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Montg' Co Md.</i>			
	Married, Single or Widowed <i>Married</i>		Occupation <i>School Teacher.</i>				
	Name of Wife or Husband <i>Ruby T. Holland.</i>						
	Father's Name <i>Richard H. Walters</i>			Father's Birthplace <i>Va.</i>			
	Mother's Maiden Name <i>Anna A. Thrift</i>			Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Richard A. Walters</i>			How related to deceased <i>Brother.</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Typhoid Fever.</i>			How long <i>20 days.</i>			
	Immediate <i>Peritonitis</i>			How long <i>4 "</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>H. J. Pratt M.D.</i>			
	Accident or Suicide? <i></i>			Address <i>Polomac. Md.</i>			



Name In Full

Certificate of Death

Died at

Date 19

Husband of

Wife

Father's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Widower

Divorced

Number of children living

MARYLAND

Male
Female~~White~~
Colored~~Single~~

45 - - -

Md

Housewife

3

Chas Ward

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

U. D. House M-D.

Sawsonville Md.



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Washington</i> ^{TOWN} <i>Columbia</i>		County	
		Date of death 190 <i>3</i> Jan.		Month	Day
		Age <i>76</i>		Years	Months
		Sex <i>Female</i>		Color or Race	Birth-place
		Married, Single or Widowed <i>Widow</i>		Occupation	
		Name of Wife or Husband			
		Father's Name <i>Wm. Howell</i>		Father's Birthplace <i>Va</i>	
		Mother's Maiden Name <i>Julia Howell</i>		Mother's Birthplace <i>"</i>	
Name of person giving information <i>O. J. Haters</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER 1		Primary <i>Acute Indigestion</i>		How long <i>104</i>	
		Immediate <i>Colic</i>		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. J. Brown, M.D.</i>	
		Address <i>Bunk Mills Md.</i>			
Accident or Suicide?					



Name in Full *Saukey Williams.*
 Town *Olney* County *Montgomery* MARYLAND
 Died *near* *Olney* *Montgomery*
 Date *1903* *Jan.* *19* Y. *22* M. *11* D. *-* Native of *Montg. Co.* Occupation *Farm hand*
 Male *White* Married *Widow* Divorced *Female* Colored *Single* Widower *Number of children living*

Husband
 of
 Wife

Father's Name *William Williams* Mother's Name *Jane Williams*

Cause of Death { Primary *Tuberculosis* How long sick *About two years*
 Immediate *Aspiration* *27* *Accident, Suicide, Homicide*

Reported by *L. Hae. Farguehan, M.D.*
 Address *Olney* *Montg. Co., Md.*

